

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/396757

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
2	/									52			
3	/									53			
4	/									54			
5	/									55			
6	/									56			
7		/								57			
8		/								58			
9		/								59			
10		/								60			
11		/								61			
12		/								62			
13		/								63			
14		/								64			
15		/								65			
16		/								66			
17		/								67			
18		/								68			
19		/								69			
20		/								70			
21		/								71			
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24		/								74			
25		/								75			
26		/								76			
27		/								77			
28		/								78			
29		/								79			
30										80			
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39										89			
40										90			
41										91			
42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL IND.	13									TOTAL IND.			
TOTAL DEP.	15									TOTAL DEP.			
TOTAL CLAIMS	28									TOTAL CLAIMS			